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CONFIRMATION NO. 1001

<b>SERIAL NUMBER</b> 10/806,028	<b>FILING OR 371(c) DATE</b> 03/22/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> 740073.463
<b>APPLICANTS</b> Robert Karlsson, Uppsala, SWEDEN; Anders Sjodin, Uppsala, SWEDEN;				
<b>** CONTINUING DATA *****</b> <i>JS</i> This appln claims benefit of 60/457,508 03/25/2003				
<b>** FOREIGN APPLICATIONS *****</b> <i>JS</i> SWEDEN 0300805-9 03/25/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/01/2004				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Tamca LC</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 44
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 500				
<b>TITLE</b> Immobilization method and kit therefor				
<b>FILING FEE RECEIVED</b> 1332	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	